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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/611,410 |
| | | Filing Date | June 30, 2003 |
| | | First Named Inventor | KAPLAN, AARON V. |
| | | Art Unit | Unassigned |
| | | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | | Attorney Docket Number | 021857-000110US |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Postcard 1 Reference Copy PTO/SB/08A and /08B Form |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual | Townsend and Townsend and Crew LLP James M. Heslin Reg. No. 29,541 |
| Signature | |
| Date | 12/2/03 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Edward Masinas | | |
| Signature | | Date | 12-4-03 |

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT
Attorney Docket No.: 021857-000110US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



On

12-4-03

TOWNSEND and TOWNSEND and CREW LLP

By:

Edward Masinas

Edward Masinas

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

AARON V. KAPLAN et al.

Application No.: 10/611,410

Filed: June 30, 2003

For: METHODS AND APPARATUS
FOR FORMING ANASTOMOTIC
SITES

Examiner: Unassigned

Art Unit: Unassigned

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

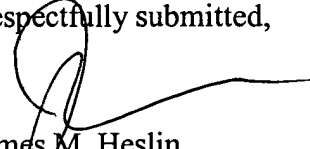
The reference cited on attached form PTO/SB/08A and PTO/SB/08B is being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

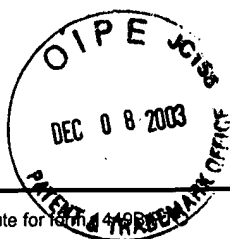
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin
Reg. No. 29,541

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JMH:bjl
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|---|---|--------------------------|------------------|------------------------|-----------------|
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | Complete if Known | | | |
| | | Application Number | 10/611,410 | | |
| | | Filing Date | June 30, 2003 | | |
| | | First Named Inventor | KAPLAN, AARON V. | | |
| | | Art Unit | Unassigned | | |
| | | Examiner Name | Unassigned | | |
| Sheet | 3 | of | | Attorney Docket Number | 021857-000110US |

| U.S. PATENT DOCUMENTS+ | | | | | |
|------------------------|--------------------------|---|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number Number Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | AA | US-2002/0120291 A1 | 06-26-2003 | Chin et al. | |
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| FOREIGN PATENT DOCUMENTS | | | | | | | | |
|--------------------------|--------------------------|---------------------------|---------------------|-----------------------------------|--------------------------------|---|--|--------------------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
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| NON PATENT LITERATURE DOCUMENTS | | | |
|---------------------------------|--------------------------|---|----------------|
| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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